

**RECORD OF EMERGENCY DATA AND DESIGNATION OF BENEFICIARY FOR  
UNPAID COMPENSATION OF DECEASED NAF EMPLOYEE**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 3012.

**PRINCIPAL PURPOSE:** Obtain emergency data from NAF employees, obtain legal designation of beneficiary for unpaid compensation payable to the estate of a deceased employee.

**ROUTINE USES:** Inform appropriate authorities of name and address of individual to be notified in the event of emergency or death of NAF employee; inform NAF payroll office to whom and where to send unpaid compensation due.

**DISCLOSURE:** Mandatory. Failure to provide this information may result in a delay of payment of unpaid compensation of the deceased NAF employee and may result in payment to the estate of the decedent rather than payment to the beneficiary of the decedent's choice.

**PART A - EMERGENCY DATA**

1. EMPLOYING NAFI ACTIVITY		
2. EMPLOYEE'S NAME ( <i>First, Middle, Last</i> )		3. DOB (YYYYMMDD)
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY ( <i>Name, Address, and E-Mail Address</i> )		5. TELEPHONE NO. ( <i>Include area code</i> )
6. PERSON DESIGNATED TO HANDLE ESTATE IN EVENT OF DEATH ( <i>Name, Address, and E-Mail</i> )		7. TELEPHONE NO. ( <i>Include area code</i> )

**PART B - DESIGNATION OF BENEFICIARY**

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary (*ies*) named below to receive any UNPAID COMPENSATIONS due and payable under existing law after my death. I understand that this Designation of Beneficiary will remain in full force and effect, unless or until cancelled by me in writing, so long as I am continuously employed in the above-named department or agency.

1. BENEFICIARY ( <i>ies</i> ) ( <i>Type or Print</i> ) ( <i>First, Middle Initial, Last</i> )	2. ADDRESS OF BENEFICIARY ( <i>Type or Print</i> )	3. RELATIONSHIP	4. PERCENT TO BE PAID EACH BENEFICIARY
NAME			
SSN			
NAME			
SSN			

I hereby direct unless otherwise indicated above, that if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this designation of beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time and without knowledge or consent of the beneficiary.

5. SIGNATURE OF EMPLOYEE	6. DATE OF EXECUTION (YYYYMMDD)
7. WITNESS NAME AND ADDRESS ( <i>Typed</i> )	8. TELEPHONE NO. ( <i>Include area code</i> )
9. NAME, TITLE, AND SIGNATURE OF AUTHORIZING OFFICIAL	10. DATE OF EXECUTION (YYYYMMDD)